Name In Full | Certificate of Death

Etheridge Bozman

Died at Town: St. Peters County: Somerset MARYLAND

Date 1894 Month: Oct. Day: 27th Age Y. M. D.: 17. 7. 15 Native of: Maryland Occupation: [illegible]

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife —

Father's Name: Sandy Bozman Mother's Name: Harriett Bozman

Cause of Death: Primary: Typhoid & Pneumonia How long sick: 3 weeks

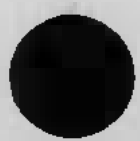
Immediate: / Accident, Suicide, Homicide

Reported by: S. J. Windsor, Dames Quarter

Address: Somerset C, Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Samuel Thomas Dixon

Died at Town: Marion County: Somerset MARYLAND

Date 189 9 Month: Oct. Day: 30

Age Y. 16 M. 3 D. 21

Native of Maryland

Occupation Farm Hand

Male ~~Female~~

~~White~~ Colored

~~Married~~ Single

~~Widower~~ ~~Widow~~

~~Divorced~~

~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name Christopher H. Dixon

Mother's Name Amelia R Johnson

Cause of Death — Primary: Lesion of Brain — How long sick: 15 days

Immediate: Coma 5-2

~~Accident, Suicide, Homicide~~

Reported by O B Bowen M.D.

Address Marion Station Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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Name in Full Reese Handy

Certificate of Death

Died at Town Crisfield County Somerset MARYLAND

Date 1899 Month Oct. Day 14 Age Y. 49 M. D. Native of Somerset Occupation Merchant

Male yes White yes Married yes Widow Divorced

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living None

Husband / Wife of Margaret

Father's Name Thos. Handy Mother's Name Don't Know

Cause of Death: Primary Tuberculosis, 22a How long sick 2 years

Immediate Alcoholism 4 hours

Accident, Suicide, Homicide

Reported by Dr. J. F. Somers

Address Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Ray Leatherbury

Died at Town: Widgeon County: Somerset MARYLAND

Date 1899 Month: Oct Day: 14 | Age Y. 12 M. D. | Native of: Somerset | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name: Jacob Leatherbury Mother's Name: Comfort

Cause of Death: Primary 72 | How long sick

Immediate: Pneumonia | Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. R. H. Dashiell

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from Wm N Smith

of Undertaker

Name in Full — Certificate of Death

Anna Miles

Died at Town Crisfield County Somerset MARYLAND

Date 189? Month Oct. Day 21 Age Y. 46. M. 7 D. 1 Native of Somerset Occupation Housewife

Male — White — Married — Widow — Divorced —

Female ✓ Colored ✓ Single — Widower — Number of children living 4

Husband / Wife of George Miles

Father's Name —

Mother's Name —

Cause of Death: Primary — Heart Disease — How long sick Dead Brow

Immediate — Dropsy — Sickness — Accident, Suicide, Homicide

Reported by Dr. J. F. Somers

Address Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85988

Name in Full

Certificate of Death

Willie Milligan

Died at Town near Princess County Somerset MARYLAND

Date 1899 Month Oct Day 12 | Age Y. 34 M. D. | Native of | Occupation

Male White ~~Married~~ ~~Widow~~ Divorced

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primary 46

Immediate Insanity

How long sick 2 years

Accident, Suicide, Homicide

Reported by Family

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. C. V. Wainwright

of

Seen by Coroner

of

Information contained in this certificate received

from Wm A Smith

of Undertaker

Name in Full: Austin Swift

Certificate of Death

Died at: Town: Crisfield County: Somerset MARYLAND

Date 1899 Month: Oct Day: 11 Age: Y. 3 M. — D. — Native of: Somerset Occupation: None

Male: Yes White: Yes Married: — Widow: — Divorced: —

Female: Colored: Single: — Widower: — Number of children living: —

Husband of Wife

Father's Name: Jefferson Swift Mother's Name: Mary Swift

Cause of Death: Primary: 97 How long sick

Immediate: Brights Disease Accident, Suicide, Homicide

Reported by: Dr J. F. Somers

Address: Crisfield Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Mary A. Tilghman

Town

County Somerset

Died et Home

MARYLAND

	Month	Dey		Y.	M.	D.	Native of	Occupation
Date 1899	October	30	Age	98				

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | Divorced

Number of children living six

Husband of Wife James Tilghman

Father's Name Stephen Adams

Mother's Name Ellen Adams

Cause of Death: Primery old age & Paralysis

Immediate Paralysis

44

How long sick 3 years

Accident, Suicide, Homicide

Reported by Dr. F. A. Adams & Son

Address Rehoboth Somerset Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. F. A. Adamson

of Somerset Co Md

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full

Certificate of Death

William Towers

Died at Town Oriole County Somerset MARYLAND

Date 1899 Month Oct Day 22 Age Y. 78 M. 11 D. 29 Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Mary Lister + Elizabeth Lewis

Father's Name Zadoc Towers Mother's Name Maria Towers

Cause of Death Primary Acute Dysentery 84 How long sick 14 dys

Immediate ~~Immediate~~ Exhaustion ~~Accident, Suicide, Homicide~~

Reported by R. L. Hoyt M.D

Address Oriole M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full

Certificate of Death

Alvertie Wallace

Died at Town Chance County Somerset MARYLAND

Date 189 9 Month Oct Day 24 | Age Y. M. D. 4 | Native of | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children~~ living

~~Husband~~ of Wife

Father's Name Geo P Cashell Mother's Name Allettie Wallace

Cause of Death: Primary Pony 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Wm W Evans

Address Deal's Island Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. none

of

Seen by Coroner none

of

Information contained in this certificate received

from Emily Dunn

of Lane md

Name in Full

Certificate of Death

John Thos. Ward

Died at Town Crisfield County Somerset MARYLAND

Date 1899 Month Oct Day 24 | Age Y. 66 M. 7 D. 0 | Native of Somerset | Occupation Retired Boatman

Male yes White yes Married yes Widow Divorced

Female Colored Single Widower Number of children living 4

Husband of Wife Mary Ward

Father's Name John Ward

Mother's Name Lucy

Cause of Death { Primary Heart-Disease 57 | How long sick 2 Mos. or more.

Immediate Hid Colitis | Accident, Suicide, Homicide

Reported by D. J. F. Somers

Address Crisfield

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

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